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9/29/03

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PTO/SB/96 (08-00)

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22264

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STATEMENT UNDER 37 CFR 3.73(b)Assignee/Patent Owner: Intermap Systems, Inc.Application No./Patent No.: HerewithFiled/Issue Date: HerewithEntitled: Method & Apparatus for Directing Internet Users to Health Care Information such as Names of Health Care ProvidersIntermap Systems, Inc.a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

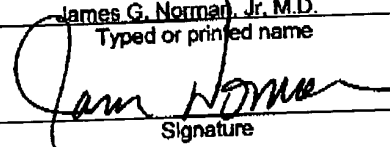
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From James G. Norman, Jr., M.D. To: YourDoctor, Inc.
The document was recorded in the United States Patent and Trademark Office at
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2. From YourDoctor, Inc. To: Intermap Systems, Inc.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9/27/03
DateJames G. Norman, Jr. M.D.
Typed or printed name
SignatureChairman of the Board
Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (02-01)

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Expr s Mail N EV328619993US		Application Number		To be assigned
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date		Herewith
		First Named Inventor		Norman, Jr., James
		Title		Method & Apparatus for Directing
		Group Art Unit		To be assigned
		Examiner Name		To be assigned
		Attorney Docket Number		66475/42724

I hereby appoint:

☒ Practitioners at Customer Number
OR

021888

Place Customer
Number Bar Code
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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

<input type="checkbox"/> Firm or Individual Name	Alan H. Norman, Reg. No. 32,285			
Address	Thompson Coburn LLP			
Address	One US Bank Plaza			
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Country	USA			
Telephone	314-552-6284	Fax	314-552-7284	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	James Norman
Signature	James Norman
Date	9/29/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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